

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601) 961-5210
(601) 354-6938 (fax)

For Office Use Only:

Aquifer: N 1060
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jackson

Permit #: _____

Driller: Coast Water Wells, Inc.

Date drilling completed: 9/30/09

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name: Carol Higginbotham
Mailing Address: 4416 Old Fort Bayou Rd.
Ocean Springs, MS 39564
City State Zip Code
Telephone No. 228 233-4137

Well Location

Latitude: 30° 26' 31.2" Longitude: 088° 49' 41.55"
Method of Lat/Long (circle one): Conventional Survey, 55
USGS quad: Hand-held GPS Survey-grade GPS
NW, NW 1/4 Sec X80, Twn T75S, Rng R5W
SW OK
Distance Direction Nearest Town
1 Miles North of Ocean Springs

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 9/30/09 Date well drilling completed: 9/30/09

If flowing, method of flow regulation: Valve N/C Other (describe) _____

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 9/30/09

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 225 FT. Well depth: 225 FT. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 215 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 215 feet to 225 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jack Ridgell 0-472

Print Name of Water Well Contractor and License No.

Jack Ridgell

Signature of Water Well Contractor

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OCT 09 2009

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601) 961-5210
 (601) 354-6938 (fax)

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells SRV
 Date completed: 9/30/09

For Office Use Only:

Aquifer: N 1060
 Well #: _____
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Carroll Higginbotham</u>	Latitude: <u>30° 26' 31.2"</u> Longitude: <u>088° 49' 9.11"</u>
Mailing Address: <u>4416 Old Fort Bayou Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ocean Springs, MS 39564</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 18 Twn 77S Rng R8W</u>
Telephone No. <u>228 233-4137</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>North</u> of <u>Ocean Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>10/2/09</u>	Setting Depth: <u>60 FT. Droppipe</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/2/09</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>23</u> GPM with a drawdown of
Test Pumping Rate: <u>9</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jack Ridgdell 0-472 Jack Ridgdell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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